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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	ORT-1520-USA-CNT	<u> ۲</u>
First Inventor	G. CONNOR	s. P 424
Title	COMBINATION THERAPY COMPRISING ANTI-DIA AND ANTICONVULSANT AGENTS	BETI 8
Express Mail Label No.	EV138491593US	1601

(only for new nonprovisional applications under 37 CFR APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application

ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450

L	Alexandria, VA 22313-1450				
	7.	CD-ROM or CD-R in duplicate,	large table	or	

	Alexandria, VA 22313-1450
 Image: 1.	7. CD-ROM or CD-R in duplicate, large (Computer Program (Appendix)
 3. Specification [Total Pages 20] (Preferred arrangement set forth below) Descriptive Title of the Invention Cross Reference to Related Applications Statement Regarding Fed sponsored R&D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention 	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statement verifying identity of above copies
- Brief Summary of the Invention	ACCOMPANYING APPLICATION PAR
 Brief Description of the Drawings (if filed) Detailed Description Claim(s) Abstract of the Disclosure 	9. Assignment Papers (cover sheet & document) 10. 37 CFR 3.73(b) Statement Power of A (when there is an assignee)
- Abstract of the Disclosure	11 ☐ English Translation Document (if applica

Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or ii. ☐ paper
c. Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS
9. Assignment Papers (cover sheet & document(s))
9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of Attorney
10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)
10. 37 CFR 3.73(b) Statement Power of Attorney

4. Drawing(s) <i>(35 USC 113)</i>	[Total Sheets
5. Oath or Declaration	[Total Pages 3]
 a. Newly executed (original 	
b. 🛛 Copy from a prior applic	cation (37 CFR 1.63(d))
(for continuation/divisional wi	th Box 18 completed)
: DELETION OF INV	

14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s)

(IDS)/PTO-1449

13. Preliminary Amendment

i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

(if foreign priority is claimed) 16. Request and Certifications under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form

⊠Copies of IDS Citations

PTO/SB/35 or its equivalent. 17. ☐ Other

6. Application Data Sheet. See 37 CFR 1.76 18. X If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a

preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: □ Continuation □ Divisional □ Continuation-in-Part (CIP) of prior application No.: 10/042,425, filed October 25, 2001. Prior application information: Examiner T.C. McIntosh III Group Art Unit: 1623 For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying

continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19.	CORRESPO	NDENCE ADDRESS
امطم	000027777	or Correspondence

	r Number or Bar Code Label 000027777	or Correspondence Address below
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20. TELEPHONE CONTACT

Please direct all	relephone calls of reletaxes to iv	iary A. Appoliiria at.
Telephone:(7	32) 524-3742 Fax: (732) 524-2808
21.	SIGNATURE OF APPLICANT,	ATTORNEY, OR AGENT REQUIRED
NAME	Mary A. Appollina	Reg. No. 34087
SIGNATURE	Mary a. appolle	va'
DATE	January 23, 2004	

FEE TRANSMITTAL

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	Application Number	Not Yet Assigned	
	Filing Date	January 23, 2004	
	First Named Inventor	G. Connor	
	Group Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
	Attorney Docket Number	ORT-1520-USA-CNT	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER FIL	.ED	NUMBER EXTRA	RATE	BASIC FEE \$750.00
TOTAL CLAIMS	8 - 20 =		0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =		0	x 84.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS			N/A	\$280.00	
				TOTAL FEES	\$ 750.00

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/ORT-1520-USA-CNT/MAA in the amount of \$750.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1520-USA-CNT/MAA. Three copies of this sheet are enclosed.

SUBMITTED B	Y:	Complete (if applicable)
Typed or Printed Name	MARY A. APPOLLINA	Reg. No. 34,087
Signature	Mary a Coppellera Date: JANUARY 23, 2004	Deposit Account No. 10-0750

DOCKET NO. ORT-1520-USA-CNT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: G. CONNOR

For : COMBINATION THERAPY COMPRISING ANTI-DIABETIC AND

ANTICONVULSANT AGENTS

Express Mail Certificate

"Express Mail" mailing number: EV138491593US

Date of Deposit:

January 23, 2004

I hereby certify that this complete application, including preliminary amendment, specification pages, claims, Information Disclosure Statement, Submission Under MPEP 609D and Declaration and Power of Attorney, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Laurie Phillips

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)